

**MORRISON | FOERSTER**

755 PAGE MILL ROAD  
PALO ALTO  
CALIFORNIA 94304-1018  
  
TELEPHONE: 650.813.5600  
FACSIMILE: 650.494.0792.  
  
WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS

**RECEIVED**  
**CENTRAL FAX CENTER**

**FEB 13 2008**

To:

NAME:	FACSIMILE:	TELEPHONE:
Centralized Facsimile Center US Patent and Trademark Office	571-273-8300	

FROM: Norman R. Klivans

DATE: February 13, 2008

Number of pages with cover page:	3	<i>Originals Will Not Follow</i>
-------------------------------------	---	----------------------------------

Preparer of this slip has confirmed that facsimile number given is correct: 11641/LDS

Comments:

Atty Docket No: 18812-20036.00  
Application Serial No.: 10/674,085  
Filed: September 29, 2003  
Patent No: 7,093,220  
Issued: August 15, 2006  
Inventors: Elias L. FALLON *et al.*  
Art Unit: 2825  
Examiner: Y. Rossoshek  
Title: METHOD FOR GENERATING CONSTRAINED COMPONENT PLACEMENT FOR INTERGRATED CIRCUITS AND PACKAGES  
Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL  
LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE.**

PA-1232250

RECEIVED  
CENTRAL FAX CENTER

002/003

FEB 13 2008

PTO/SB/21 (11-07)

Approved for use through 11/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

	Application Number	Patent#: 7,093,220
	Filing Date	Issued: August 15, 2006
	First Named Inventor	Elias L. FALLON
	Art Unit	2825
	Examiner Name	Y. Rossoshek
Total Number of Pages in This Submission	2	Attorney Docket Number 188122003600

## ENCLOSURES (Check all that apply)

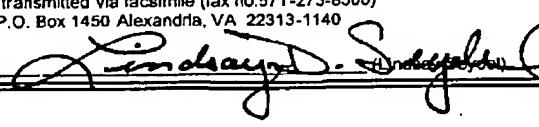
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Norman R. Klivans		
Date	February 13, 2008	Reg. No.	33,003

I hereby certify that this correspondence is being transmitted via facsimile (fax no.571-273-8300)  
to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140

Dated: February 13, 2008

Signature: 

pa-1232251

RECEIVED  
CENTRAL FAX CENTER

003/003

FEB 13 2008

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/674,085
	Filing Date	September 29, 2003
	First Named Inventor	Elias L. FALLON
	Art Unit	2825
	Examiner Name	Y. Rossoshek
	Attorney Docket Number	188122003600

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

**CORRESPONDENCE ADDRESS**

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lissa Oros
Cadence Design Systems, Inc.	

Address	2655 Seely Avenue, Building 5			
---------	-------------------------------	--	--	--

City	San Jose	State	CA	Zip	95134
------	----------	-------	----	-----	-------

Country	U.S.A.				
---------	--------	--	--	--	--

Telephone	(408) 943-1234	Email	loros@cadence.com		
-----------	----------------	-------	-------------------	--	--

Signature	<i>NR Klivans</i>				
-----------	-------------------	--	--	--	--

Name	Norman R. Klivans	Registration No.	33,003		
------	-------------------	------------------	--------	--	--

Date	February 13, 2008	Telephone No.	(650) 813-5850		
------	-------------------	---------------	----------------	--	--

*Note: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*

I hereby certify that this correspondence is being transmitted via facsimile (fax no.571-273-8300)  
to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140

Dated: February 13, 2008

Signature: *Lindsay Seydel*

pa-1232252